LAWRENCE GENERAL HOSPITAL

2015 Hospital Profile

Lawrence, MA Community, High Public Payer Northeastern Massachusetts

Lawrence General Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Inpatient discharges at Lawrence General Hospital decreased 5.6% between FY11 and FY15, compared with a median decrease of 9.5% among community-HPP hospitals. The hospital experienced a loss of \$4.0M in FY15, with a total margin of -1.7%. The hospital was profitable each year from FY11 through FY14.

Overview / Size

Hospital System Affiliation: Not Applicable Not Applicable Change in Ownership (FY11-FY15): Total Staffed Beds: 230, mid-size acute hospital % Occupancy: 55.9%, < cohort avg. (65%) CHARTA, DSTIn Special Public Funding: Trauma Center Designation: Adult: Level 3 Case Mix Index: 0.77, < cohort avg. (0.87); < statewide (1.00)

Financial

Inpatient NPSR per CMAD:	\$9,131
Change FY14-FY15:	-7.4%
Inpatient:Outpatient Revenue in FY15:	35%:65%
Outpatient Revenue in FY15:	\$117,594,455
Change FY14-FY15:	-3.5%
Total Revenue in FY15:	\$226,412,000
Total Surplus (Loss) in FY15:	(\$3,957,000)

Payer Mix

Public Payer Mix:	73.5% (HPP* Hospital)
CY15 Commercial Relative Price:	0.75
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA
	Harvard Pilgrim Health Care
	Tufts Health Plan

Utilization

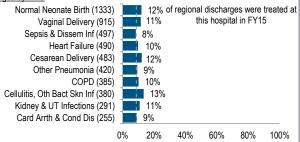
Inpatient Discharges in FY15:	12,210
Change FY14-FY15:	-3.6%
Emergency Department Visits in FY15:	70,504
Change FY14-FY15:	-6.8%
Outpatient Visits in FY15:	371,327°
Change FY14-FY15:	56.0%

Ouglitus

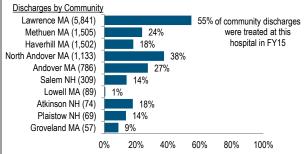
Quality	
Readmission Rate in FY15: 15.8	3%
Change FY11-FY15 (percentage points): 1.3	3%
Early Elective Deliveries Rate (Jan 2015-Jun 2016): 0.0)%

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

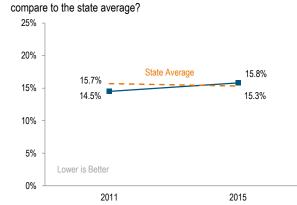


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

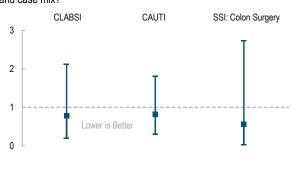


What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

--- Hospital (12,210) = 9% of total regional discharges



How many central line-associated blood stream infections (CLABSI). catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



For descriptions of the metrics, please see the technical appendix

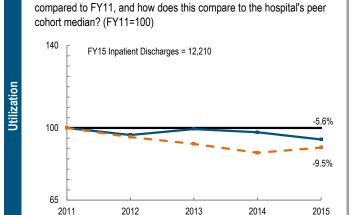
^a See Hospital Specific Notes in technical appendix.

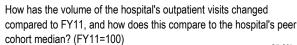
2015 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

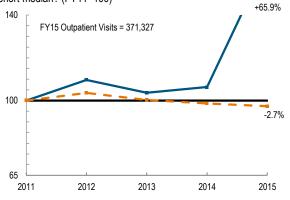
How has the volume of the hospital's inpatient discharges changed

Cohort: Community, High Public Payer

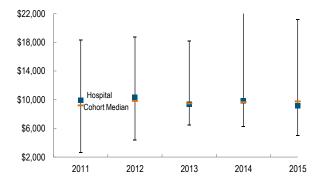




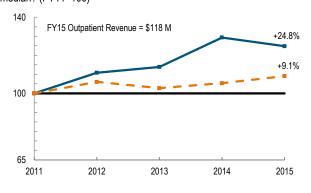




What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



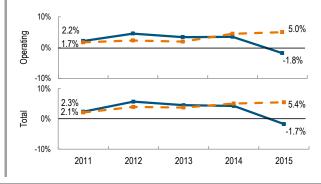
How have the hospital's total revenue and costs changed between FY11 and FY15?

Revenue, Cost, & Profit/Loss (in millions)

Patient Revenue Trends

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 190	\$ 217	\$ 217	\$ 229	\$ 226
Non-Operating Revenue	\$ 0	\$ 2	\$ 2	\$ 2	\$ 0
Total Revenue	\$ 190	\$ 220	\$ 220	\$ 230	\$ 226
Total Costs	\$ 185	\$ 207	\$ 210	\$ 221	\$ 230
Total Profit (Loss)	\$ 4.4	\$ 12.4	\$ 9.9	\$ 9.8	\$ (4.0)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.



[^] For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

^η For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

^{*} High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.